

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12194
State File No. 1717

BIRTH NO. 4063 23552-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Kansas City</u>	Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>5645 Woodland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u> b. (Middle) <u>Sue</u> c. (Last) <u>Troub</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 10 1935</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>7</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Earl J. Troub</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Y. McQuinn</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>710</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. J. Troub</u>	ADDRESS <u>5645 Woodland</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>756</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abscess of midgut</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intra ventricular septal defect</u> DUE TO (c) <u>Mongolism</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10 April 1955, to 17 April 55, that I last saw the deceased alive on 17 April 1955, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Hise</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>11020 Tru Bldg</u>	23c. DATE SIGNED <u>18 April 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt. Olivet Cem</u>	24d. LOCATION (City, town, or county) (State) <u>K. C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-18-55</u>	REGISTRAR'S SIGNATURE <u>Neval Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bentley Funeral Home K.C. Mo.</u>	ADDRESS <u>By Sidman's</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1805

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John R. Sidm*.....
Licensed Embalmer No. *48*.....
P. O. Address *Kansas*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.